

Mr Steven Richard Dodds

Old Court Barn Residential Care Home

Inspection report

Old Court Barn
Lumber Lane
Lugwardine
Herefordshire
HR1 4AQ

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place 21 July 2016 and was unannounced.

The provider of is registered to provide accommodation for personal care for a maximum of seven people.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at the home were looked after safely and care staff. were able to tell us how they kept people safe and the action they would take. There were enough care staff to support people with their personal care and social needs. People's medicines were looked after by staff at the home and their medicines were recorded to show when they had received them.

Where people had not been able to consent to certain aspects or decisions about their care records of decisions had been completed. People received care from staff that had been trained and were knowledgeable about a range of care needs people who lived in the home had. People had their own healthcare professionals who provided treatment and the home had recorded those who were involved.. People enjoyed the food and were able to assist in making meals if they wanted. Staff knew the food people liked and where people had certain nutritional requirements.

The atmosphere in the home was calm and people were relaxed in the company of staff .People's requests for assistance were answered by care staff who recognised people's needs. Staff sought consent from people and waited for a response before care and support was provided. People's privacy and dignity was respected and people were supported and empowered to be as independent as possible in all aspects of their lives. Staff anticipated people's care needs and attended to people quickly in a gentle and unhurried way.

People's needs were met and recorded in care plans. These had been developed with the person and their relative to detail the care and support needed. Care staff told us they updated the records as needed and they were reviewed regularly. People's concerns or comments raised were responded to and the provider had taken action to resolve them.

The management team had kept their knowledge up to date and they led by example. The management team were approachable and people knew them. The provider ensured regular checks were completed to monitor the quality of the care that people received and look at where improvements may be needed and take action where required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by sufficient numbers of staff to meet their care and welfare needs in a timely way. People felt safe and looked after by staff who knew how to protect them from harm. People's risk to their safety had been considered. People received their medicines where needed.

Is the service effective?

Good ●

The service was effective.

People's consent had been obtained and recorded. People's dietary needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. When staff provided care they met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People had been supported to make everyday choices and were engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns.

Is the service well-led?

Good ●

The service was well-led.

The provider had monitored the quality of care provided.
Effective procedures were in place to identify areas of concern.

People and staff were complimentary about the overall service
and had their views listened to and acted on.

Old Court Barn Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 July 2016. The inspection was completed by one inspector. As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we met with six people who used the service. We spoke with two care staff, one senior care staff and deputy manager. We also used observations to help us understand the experience of people who could not talk with us.

We looked at three records about people's care, medicine records, medicine audits, care plan audits, incidents reports and checks completed by the provider.

Is the service safe?

Our findings

People were supported to remain safe in their home. People approached care staff and care staff knew where people were to ensure they were safe. Staff knew how to recognise when people were unhappy and listened to people when they raised a concern. People's safety was monitored in a way that respected people's choice of where they wanted to go.

Care staff recognised people's rights to make choices and take everyday risks with certain activities or daily living. For example, staff told us one person found a busy or chaotic atmosphere difficult to cope with and this could make them anxious. Care staff were aware of potential risks to people in the kitchen area, but also recognised the importance of people being able to use this part of the home to spend time with staff preparing meals and enjoying those experiences.

Assessments had been carried out to identify risks to the person and staff supporting them. Care staff were aware of the need to consider the noise levels in the house and ensured the person had the opportunity to spend time on their own or in quieter parts of the house when needed. Assessments detailed the action needed to minimise the risk of any harm to the individual or others, whilst also promoting and recognising people's rights and independence.

People were supported by care staff who had time to respond to their individual needs and care for them. We saw that there were enough care staff to assist people with tasks and leisure activities at times which suited the person. People were supported by care staff to maintain their independence so that they could clean their home, have lunch out and go with care staff on walks to the local shops.

The deputy manager told us they had recently reviewed the care staff and the shifts. This had led to change in night care staff duties and an additional care staff member available to support people during the week. One person had benefitted from the change and was now more settled at night and care staff said this had reduced the person's anxiety levels in the day.

People's medicines were managed safely and given to people as prescribed in the medicine records we looked at. For example, two members of care staff administered the medicines to reduce the chance of making errors. Medicines administration records were in place and had been completed as required. Care staff were trained and confirmed they understood the importance of safe administration of medicines. Systems were in place to help ensure people received their medicines at the correct time and in a way they needed and preferred. Medicines were locked away, temperatures had been checked and were within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs relating to their health and medicines.

Any risks associated with medicines had been documented and advice sought from professionals when required. Information was clearly available to staff about people who required, as needed medicines. These protocols helped ensure staff understood the reasons for these medicines and when they should be given.

Is the service effective?

Our findings

People received care and support from staff who knew them well and who had the skills and training to meet their needs. Three staff we spoke with felt their training reflected the care needs of the people who stayed at the home. They demonstrated an understanding of people's health conditions and how to respond to these. For example, the help and guidance people needed when they became agitated or anxious. We saw that staff used these skills during the day to support people with their emotional well-being.

In addition to mandatory training such as health and safety and safeguarding adults, staff also had the opportunity to undertake additional training in relation to the specific needs of people they supported. Care staff said training was of a good standard and relevant to their role. One care staff told us one training provider had worked with one person to ensure the training was specific to their needs and care staff had used this. The deputy manager had an overview of the training staff had received and when it required updating.

There was a strong emphasis on training and continuing professional development throughout the staff team. Staff completed a full induction programme that included shadowing experienced staff until they felt confident they could carry out their role competently. The induction plan also covered the needs of each person in the home and allowed the new staff member time to look at relevant support plans and records. The deputy manager confirmed all new staff would undertake the Care Certificate as part of their induction to work. The Care Certificate is sector specific training designed to ensure consistency of skills for care staff in social care settings. Staff said the induction process was thorough and prepared them for their role in the home.

We spoke with three staff and they told us that they felt supported in their role and had regular meetings with senior staff. Staff said everyone worked well together as a good supportive team and this helped them provide effective care and support. Care practices were discussed at monthly one to one supervision meetings and team meetings and records of meeting we saw reflected this. Staff told us this also gave them the opportunity to identify and discuss any changes or ideas to providing care in different ways.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported to make choices with staff ensuring that people were happy with any help or assistance they offered. We saw that staff listened to people requests and they were happy for staff to assist them. People had capacity assessments completed where they did not have the capacity to make a specific decision that related to their care or welfare needs. People were then supported and meetings had been held to include relatives, social workers, health care professional and staff to reach a decision about what

was in the person's best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Four people who lived at the home had a Deprivation of Liberty Safeguards (DoLS) in place. Staff knew the restrictions people had in place and the reasons. Training had been provided to all staff in understanding the Mental Capacity Act. All staff we spoke with told us they knew to refer any concerns regarding people to the registered manager.

Two people we spent time with enjoyed the food and were able to assist with making their own meals when they wanted. Staff told us about the food people liked, disliked and confirmed who received any specialised diets or known allergies. One care staff member told us a menu was flexible and people could choose something else. People's care records detailed information about each person's food preferences and staff told us they referred to this as needed. For example, the support people required to have their meals.

People were supported to attend consultant reviews, opticians, social workers and other health professionals appointments in support of the care received at the home. People were supported to attend annual health reviews to monitor their health conditions.

Care staff told us and we saw that they recorded and took appropriate action if they were concerned about people's health. For example, contacting the doctor for an appointment when required.

Is the service caring?

Our findings

People living at the home liked the care staff and many had known each other a long time. People spent time with care staff who spoke about their day or what they may like to do. People confidently approached care staff in their home when needed. People were understood by the care staff who used a variety of ways to make their wishes known. Staff also looked for visual and emotional signs to understand a person's needs. There were many individual ways used that care staff understood and responded to. Care staff felt it was easy to get to know the people they cared for as they spent lots of times with them. Care staff had also committed their free time to provide additional support. For example, making birthday cakes and painting murals in people's bedrooms.

People confidently joked and laughed in a relaxed way with care staff and the deputy manager. People wanted care staff to be involved in their daily tasks and were encouraged to do things on their own. Care staff listened to people's choices and decisions and offered encouragement for the person to be involved. For example, in choosing their evening meal with the use of picture cards and menus. Care staff told us they aimed to promote and encouraged independence so people were able to learn domestic tasks or continue to be self-caring.

People were able to spend time looking at their family albums and life story books. These were talking books with photos of them and their families. We saw that care staff spent time using these books with people to talk about places they had grown up and where they had been on trips. People were supported to keep these books updated. When they went to stay or visit their families they would take their home visit journals to show what they had been doing since their last visit.

Our conversations with all care staff and the deputy manager showed they had a detailed and personal understanding of each person. Care staff respected that it was people's home and were attentive to people's individual choice about where they spent their time. When we were speaking with care staff they were respectful about people and showed a genuine interest and compassion about their lives. People's individual emotional needs were respected and people chose to spend time privately in their bedrooms, in the dining room with staff or out in the garden.

People had the opportunity to review the care they received at monthly reviews. Each person had a key care staff member who worked closely with them. They were able to provided additional support such as helping to purchase personal items and reviewing the care provided to ensure the person was involved their daily care choices. The registered manager also reviewed people's daily records which they used when looking at what had worked well and what may need changing. Where people expressed choices about their care the information had been detailed in their care records.

People were involved in personalising their home and one person proudly showed us their room and said they were decorated and furnished as they had chosen. People were given regular opportunities to discuss topics such as group activities, holidays and who and when visitors could come into their home.

Is the service responsive?

Our findings

People had been supported to be independent and enabled to make their own choices when planning their care and support. For example, their routines and preferences had been recorded so staff would know what people liked. People were supported by care staff to attend annual health checks or reviews with consultants. Care staff told us they were able to provide information at this appointment and follow up with any changes to a person's care plan. Care staff we spoke with knew the type and level of care and support people needed. They understood people's health condition and what this meant for them. For example, if a person had certain conditions they knew how the person would react to certain situations or requests. Care staff also felt they recognised any changes in people's day to day health needs and would spot any infections or illnesses.

All staff knew each person well, their families and histories. Staff were able to tell us about the level of support people required. For example, how they supported their emotional and health needs. Staff were provided with information about each person and information was and all staff we spoke with told they would read and update each person's care plan.

People's needs were reviewed and recorded frequently throughout the day. Changes or updates were shared among staff when their shift started. These included people's emotional experiences, health appointments, visitors and changes to care needs. The registered manager had reviewed the handover notes regularly to ensure that any actions needed had been completed.

People's care and treatment had been planned and included their views about their care and treatment. We looked at one person's records which had been kept under review and updated regularly to reflect people's current care needs. These detailed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, how a person may respond to certain daily task and how staff should approach this. People's families were asked if there were any changes or updates they needed to know about. These were recorded and used to update care plans if needed.

People made choices about how they spent their time. Each person had an individual social lives, hobbies and interests, For example, staff supported people to go out for lunch, go to the shops or visits to the local areas of interest. Three people spent time with care staff enjoying a craft activity. People had also visited a local farm, gone horse riding and been out food shopping. People were involved in planning trips and one person particular interest in music concerts had been supported by care staff.

Staff were patient and consistent where people needed reassurance with their concerns. Care staff we spoke with told us they were happy to raise concerns on people's behalf and that the registered manager would listen and respond. We saw that people and their relatives were encouraged to express any concerns or complaints they might have and the management team worked with care staff to resolve issues as they occurred. We saw that the service had a complaints procedure and that people's concerns had been promptly dealt with and recorded. These included an apology if needed and actions taken as learning. For

example, further training and support for staff along with any learning points for future care.

Is the service well-led?

Our findings

There was communication between people and the management team, which included the provider of the home. We were told and saw that they were open, enabling and supportive. We saw that the deputy manager got involved in the day to day activities around the service asking people how they were and having general conversations. The provider and registered manager used this approach to demonstrate an open and transparent ethos within the home. Care staff confirmed that the registered manager and provider would cover shifts were needed and this provided a real insight in how people were supported.

All care staff were committed to supporting the provider to maintain and improve the service offered to people. Care staff felt able to offer suggestions for improvements. For example one care staff told us, "They (management) always encourage you to raise ideas and I feel like they really listen and make positive changes". They said that people were always supported first and the providers were committed to people's care and support needs. Recent decoration of the communal areas had been completed and people had been involved and their art work had been displayed.

Care staff told us that the regular meetings provided updates and the opportunity for the registered manager to ensure staff were confident in caring for people. One member of staff said that if they had not been able to attend the meeting then they would read the minutes to keep updated. All staff we spoke with knew the action they needed to take to promote people's wellbeing. They told us this meant treating people as individuals and providing flexible care on a day to day basis. One care staff said, "It's about emotional and physical care". All staff spoke about the providers and registered manager's commitment to improving the quality of life for every individual living in the home. One care staff told us, "It's a whole team effort".

The registered manager and provider had regularly reviewed the care and support provided and had completed audits. The audits we saw recorded the care people had received and the home environment. For example, they spoke with people and their relatives, looked at people's care records, staff training, and incidents and accidents. The deputy manager and care staff told us that the results of audits were discussed in staff meetings and all staff were made aware so that any shortfalls were addressed to improve the overall quality of the service. This had led to one change for a person whilst they were assisted with their meals. The deputy manager said, "We will do all that we can to provide the best care".

Care staff and the deputy told us the management team lead by example and they were about providing the best possible service. All staff respected the ethos of the home to have a strong emphasis on treating everyone as an individual. Care staff confirmed that the management team promoted a culture which supported people to live a fulfilled and meaningful a life as possible. We found the culture of the service was positive and focussed on people.

The registered manager and care staff sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and consultants to ensure that people received the care and support that had been recommended. They felt this supported them to be

aware of changes and information that was up to date and relevant. The management team said they were supported by their staffing team and provider and felt they all worked well together to ensure people were treated as individuals living in their own homes. The staff were clear about the standard of care they were expected to provide.